

## DIVISION OF POLICE CLEVELAND, OHIO DIVISIONAL INFORMATION

**DIST./BUR.** \_\_\_\_\_ **ZONE/UNIT** \_\_\_\_\_ **DATE** \_\_\_\_\_ **20** \_\_\_\_\_

**EXAMINED BY** \_\_\_\_\_ **RANK** \_\_\_\_\_ **20** \_\_\_\_\_

**FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**SUBJECT** Education & Training Reimbursement Request

**COPIES TO** \_\_\_\_\_

Sir/Ma'am:

I respectfully request the maximum allowable reimbursement for the course listed below:

TO BE COMPLETED BY OFFICER			LEAVE BLANK		
Course Title/Designation	Credit Hours	Cost	Grade	%	Amount*

Approved by: \_\_\_\_\_

**\*The maximum cumulative amount shall not exceed \$4,000 per calendar year.**

In the space below provide sufficient detail as to how the above course directly relates to your law enforcement duties now.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Officer's Payroll # \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Contact Number \_\_\_\_\_

Educational Institution: \_\_\_\_\_ Field of Study \_\_\_\_\_

Class Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**I agree that upon successful completion of the above education and training that I will provide a copy of my grade report or diploma to the Training Section and Personnel Unit.**

Respectfully,

\_\_\_\_\_

Commander's Endorsement: \_\_\_\_\_

Deputy Chief's Endorsement: \_\_\_\_\_

*****	
<b>BUREAU OF SUPPORT SERVICES OFFICE USE ONLY</b>	
Form-1 received (initials/badge/date)	: _____
Grade Report received (initials/badge/date)	: _____
Proof of Payment received (initials/badge/date)	: _____

**ALL REQUIRED PAPERWORK MUST BE SUBMITTED WITHIN 45 DAYS OF COURSE COMPLETION.**